State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2010 Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?

4. Does your committee have any unpaid b5. Have you or anyone else given an in-kine6. Has your committee given or received a	d contribution					
Candidate or Committee Name Political Party (for candidates)		Candidate or Committee's Treasurer				
		Treasurer's Mailing Address (Street, Route or P.O. Box)				
Office Sought (for candidates) Distr	City, State, Zip Code		Daytime Phone #			
Due March 27-April 2,2010 Due April 2	ary Report 26-30, 2010 ral Report 8-22, 2010 Annual Repor	Post-primary Due May 24-Jur Post-general Due Nov 15-Dee t Due In Calenda urday in March or within	Report c 15, 2010	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report Zero balance required PAC must also file Form F-6 Dissolution		
CASH BALANCE S Beginning Balance	Fill in totals afte	PORT TOTALS or you have completed p	age 2)			
(ending balance from previous report) 1.				TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2) 2.	+		ELECTION YEAR-TO-DATE (Add line 2 from all reports)			
Subtotal (lines 1+2) 3.	=		ТОТ	AI EVDENDITHDES		
Total Expenditures (from Page 2) 4.	_		TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)			
Ending Balance (lines 3-4)	=					

*Cannot have a negative ending balance

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date			Amount				
				Full Name: Address:						
				Contributor's job: (Individua Where contributor works: Affiliation: (Political commit	ntributor's job: (Individual) ere contributor works: (Individual) liation: (Political committee)					
				Full Name: Address:						
				Contributor's job: (Individual Where contributor works: Affiliation: (Political commit	ributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)					
				Full Name: Address:						
					ere contributor works: (Individual) ation: (Political committee)					
				Full Name: Address:						
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commit	ntributor's job: (Individual) ere contributor works: (Individual) liation: (Political committee)					
Check if additional pages (add both columns) Total Contributions: (add both columns)										
ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)										
Date	Full name, residence address (if persor	n); business a	ddress	(if firm)	Purpose	Amount				
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Total Expenditures:										
		OATH O	R AFI	FIRMATION						
	ct, to the best of my knowledge, of ment, as required by West Virginia C	all financ	ial tra	wear or affirm that th insactions occurring	ne attached statement within the period cove	is true and red by this				
				Signature	of Candidate, Agent, c	r Treasurer				
Date_	Date, 20									
					Office Use Only					
				Receive	ed By:					